compression of the cord by the tumor, producing pain referred to the periphery, increase of reflex activity, paralysis, and loss of sensibility in the segments below the seat of tumor. Among other symptoms great increase in the patella reflex with ankle clonus was observed ; priapism is common. Later in the disease there is present painful spastic rigidity and violent contractions of the legs. Even when caused by the least irritation there is also present loss of control over the bladder and rectum, the latter symptoms depending on the location of the tumor.

The author states that in the very last stages of tumors of the spinal cord, we have trophic disturbances, with bed-sores, which can be recognized from those of a myelitis, by their early appearance in myelitis, and late presence in tumors of the spinal cord.

The author states that another important point is the location of the tumor, which symptom is carefully discussed.

Treatment.—In the treatment of tumors of the spinal cord the author claims that when the diagnosis has been made early enough, the tumor should be removed, the prognosis of such removal depending upon the character of the tumor. He states that the tumors are either benign, malignant or tubercular, the two latter being found more frequently. He states that when the tumor involves the spinal cord itself, it should be left alone.

The conclusion arrived at from the cases reported seems to be that although unfavorable results were obtained, better results could be had by earlier operation. As tumors of the spinal cord bring great suffering to those afflicted, an operation should be performed early, even if only to afford relief to the patient. G. BROWN.

Course of Improvement in Motor Aphasia. At the meeting of the Society of Biology on the 6th of July, 1895, Drs. Thomas and Roux reported, after the study of seventeen aphasic cases, that they had concluded that in cortical motor aphasias the course of improvement was as follows: The patient first perceives the appearance of the word ; then associates together the syllables which form the word ; third, the letters which form each syllable of each word, and at last the whole word. That is to say, such aphasic patients recover the ability to read in exactly the inverse order followed by a child in learning to read.—*Merc. Med.*, July 10, 1895. MITCHELL.

"What is the Value of Operative Treatment in Epilepsy?" E. Gaillord Mason, in a paper upon this subject, presents conclusions based upon seventy cases collected from contemporaneous literature, which reflect with fair accuracy the

"(1) Always consider an epileptic fit as a symptom of some underlying condition. (2) Inquire particularly and very carefully about the first convulsion: What was its apparent exciting cause; what was its character, general or affecting only certain portions of the body, and what portion of the body was affected at the beginning of the fit? (3) If there was an aura, investigate it carefully, as it will not infrequently give a clue as to the seat of the lesion. (4) If there has been a trauma or a suspicion of trauma, shave the head and look carefully for a scar or a depression. If there is evidence of a trauma in a position corresponding to the initial symptoms of the fit, an operation is usually justifiable. (5) If you cannot get a clear history of the case give a placebo and place the patient under competent surveillance until you can satisfy yourself as to the character of the fits. (6) Do not operate on a porencephalic child and expect to cure the epilepsy. Do not, as a rule, operate on a case of post-hemiplegic epilepsy in a child and expect to cure. (7) Do not operate on an old, idiotic epileptic, a victim of idiopathic epilepsy, with general convulsions of years' standing."—*Medical News*, March 21, 1896.

PRITCHARD.

Atypical Syringo-Myelia. Professor Raymond (*Rev. Intern. de Med. et de Chir.* Nov. 25, 1895).—In a clinic at the Salpêtriere, showed a case of syringo-myelia of what he called the Brown-Sequard type, in which the disturbances of motion and sensation are situated upon opposite sides, as in the form of spinal paralysis known by the same name. The patient showed a hemiplegia on the left side of a spinal type, in which the face was not affected. There was a general lessening of Faradic excitability upon that side without any reaction of degeneration. The arm was much more affected than the leg; there were great exaggeration of the tendon reflexes of both leg and arm, with an ankle clonus. There was no trouble of sensation upon the left side, except a subjective feeling of formication. On the right there was no motor impairment at all, but sensory disturbances, formication, a burning in both the arm and the leg, with perfect preservation of the sense of touch, abolition of pain sense, and a loss of thermic sense. Professor Raymond had no suggestions for treatment to make, and considered the prognosis likely to be bad.

MITCHELL.

Two Cases of Hysterical Meningitis. At the Sociètè Med. des Hôpitaux, Dec. 27, 1895, M. Galliard noted two cases of what might be called, the one "hysterical" and the other "neurotic" meningitis, or conditions simulating meningitis. In the first, the hysterical case, a young woman suffered for several days with furious headache, violent pain in the epigastrium, uncontrollable vomiting, constipation, hyperæs-